

1806

MARGIN RESERVED FOR BINDING
USE PERMANENT INK

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

(This report should preferably be made by the person who made the original)

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No. *

Place of Birth Eagar County Apache No. _____ St. _____
(Registration District)

| | | | |
|---------------|--------------------------------|---------|--------------------------------|
| SEX OF CHILD | * Twin Triplet or other? | { and } | Number in order of birth |
| <u>Female</u> | | | <u>3rd</u> |

DATE OF BIRTH May 4 1913
(Month) (Day) (Year)

FATHER
FULL NAME William J. Burgess

MOTHER
FULL MAIDEN NAME Miss Mary Wilthank

* These names to be entered by the local registrar before giving out this form.

Blank supplemental reports of birth may be obtained from the local registrar.
10M-8-42 er Co.

I HEREBY CERTIFY that the child described herein has been named

Lara Burgess
(Give name in full) (Surname)

William J. Burgess
(Parent's Signature)

(Signature of Physician or Midwife)

322-504-1162